

LEGISLATION AND RULES COMMITTEE MINUTES

March 28, 2019 – 1pm – 4pm – BOSW Conference Room #340

COMMITTEE MEMBERS

Board Members Present:

In person: Angie Hirsch, LICSW, Board Chair; Stephanie Jacobson, LSW; Ken Middlebrooks, Public Member

Via WebEx: Pa Der Vang, LICSW; Shawn Yates, Public Member

Via Phone: Thomas Brooks, Public Member

Absent: Jolene Engelking, LISW

Board Advisory Committee Stakeholders Absent:

Karen Frees, LICSW, MN Coalition; Karen Goodenough, LGSW, NASW-MN; Lake Dziengel, LICSW, MCSWE

Board Staff Present: Kate Zacher-Pate, LSW, Executive Director; Megan Gallagher, JD, Regulations Analyst; Michelle Kramer-Prevost, LISW, Assistant Director

AGENDA

1. Welcome and call meeting to order: [Hirsch]

- a. Hirsch called the meeting to order at 1:07 p.m.

2. Minutes

- a. February 26, 2019 approved.

3. Recap action items and suggestions from February 26 meeting: [All]

- a. 148E.055, subd. 4, Requirements for LISW (by examination)
 - i. Staff summarized the ASWB information around macro practice
 - 1. In 2018, 191 Advanced Generalist exams taken out of 22,000 ASWB exams nationally
 - 2. 36 Minnesota applicants took the Advanced Generalist exam in 2018
 - 3. Four states use “macro” in their definition of social work practice
 - 4. Five states have a defined scope of practice for master’s level macro practice
 - ii. Staff recommendation to add “macro” to definition of social work practice 148E.010, subd. 11. Redefining the scope of practice would be a drastic change and create workforce concerns given that currently any licensee has the potential to do macro practice, not those with master’s degrees.
 - iii. General agreement with staff recommendations; no other changes to LISW requirements.

- b. 148E.055, subd. 5, Requirements for LICSW (by examination)
 - i. Panel agreed to make same technical/housekeeping changes to this section as previously made to LSW, LGSW, and LISW.
 - ii. Changes to 360 Clinical Clock Hours Requirement Advanced Standing
 - 1. Committee members discussed the possibility of allowing advanced standing MSWs to use some of their BSW credits toward the 360 requirement
 - 2. Hirsch stated BOSW should be consistent with other MH professions and keep advanced standing as is.
 - 3. This decision was carefully made with much input from stakeholders at the time 360 went into effect. Jacobsen added that clinical content hours in BSW would be risky; a limited number would fall into the 360 categories.
 - 4. After some discussion, consensus of committee only hours earned at the MSW level should count toward the 360.
 - iii. CE and Independent Study
 - 1. Kramer-Prevost reported information on LIC applications that use CE toward the 360 requirement
 - a. In 2018, of 409 LC Apps, 1/3 have some CEs.
 - b. Of those with CEs; 4060 hours of CE documentation reviewed by staff, including content description; certificate of attendance; and category of content hours
 - c. Many applicants took both graduate courses and CEs.
 - d. Most applicants submitting a lot of CE hours were advanced standing who attended a macro program.
 - e. Staff noted changing to an attestation and audit model would address some of the labor-intensive nature of the CE review for staff. However, 360 is part of the minimum standards for LICSW licensure. Entry to practice has different standards than renewal.
 - f. Staff currently relies on the applicant to define what the CE was; it can be subjective and difficult to verify.
 - 2. Increasing the CE requirement
 - a. Committee discussed possibility of changing the current limit on CE for the 360 from 90 hours to 120 hours. This would be one way to remove barriers to completing the 360.
 - b. Staff noted that increasing the amount to 120 is unlikely to be utilized by most applicants. Additional CE hours would have helped 2 people in 2018. Also, because it's been 8 years since this went into effect, the trend is that this will be less likely as we go forward.
 - c. Kramer-Prevost noted that the clinical knowledge is also occurring while applicants are getting supervised practice.
 - d. Hirsch noted that there do not seem to be good reasons to change the CE limit. Is there data to support the change based on one or two outliers? Frees added this is especially true since the trend is moving away from individuals needed that much CE to meet the 360.
 - e. Consensus of the committee to keep the CE limit at 90 hours.
 - 3. Post-test requirement
 - a. Documentation for 360 currently requires a post-test and public course description.

- b. Staff questioned whether it would be better to require evidence that the applicant took the course (completion certificate) that lists the title and the number of CEs, rather than course description. Staff could still request more information if needed. Applicant would still be able to assign the CE hours to the correct clinical content area.
 - c. Brooks opined that evidence of completion makes sense. Applicants have already met the baseline with the MSW. There is no way to prove how valuable CE content is under any circumstances.
 - d. Consensus of the committee to move toward evidence of completion but not moving to attest/audit model.
4. Limit on independent study
- a. Staff will review sources and suggest a new definition for independent study and 360 CE with a focus on inclusive language. This language defining independent study will remain parallel with the renewal CE section.
 - b. Karen Frees noted the definition should be broad enough to include in-service trainings.
 - c. The Committee discussed what the appropriate amount independent study should be. Increasing independent study amount reduces barriers and helps advanced standing students.
 - d. Even if all 90 of the CE were completed independent study, it would still only be ¼ of the total 360.
 - e. Zacher-Pate noted the limit on independent study was developed in 2007. Online learning has exploded since then, arguing in favor of increasing the amount.
 - f. While there was some concern about learning clinical content via independent study, other noted the Board is still ensuring competence. The vast majority of the 360 is earned through academic coursework.
 - g. Increasing the independent study increases flexibility and cost-saving without losing the competency standard. Perhaps we can call it professional development rather than CE.
 - h. Consensus of the committee is to allow all 90 CEs via independent study.
 - i. Staff will draft language for next meeting and possibly add definitions.

**4. Framework for Endorsement Discussion [148E.055, subd.7]: [Zacher-Pate; Kramer-Prevost]
[Attached]**

- a. The Committee reviewed several resources from ASWB regarding mobility including:
 - i. Mobility resolution adopted at 2017 Delegate Assembly
 - ii. [ASWB Mobility Video](#)
 - iii. ASWB Mobility Taskforce Report
 - iv. ASWB 2018 Model Law section 308 “Qualifications for Licensure by Endorsement”
 - v. [ASWB Mobility Website](#)
- b. California Mobility Legislation for Clinical Licensure **[2:45pm]**
 - i. Kim Madsen, Executive Officer, California Board of Behavioral Sciences, joined the committee meeting via phone to describe the mobility legislation in CA.

- ii. Madsen described the process CA took including meeting with stakeholders and being aware of legislative push to reduce barriers to licensure for individuals coming to the state.
- iii. The CA workgroup put together the mobility framework based on the idea that there are two groups of applicants: those who have never been licensed and those who are currently licensed somewhere else.
- iv. CA is taking the position that individuals who are currently licensed somewhere else have already demonstrated entry level standards to the other state and that state did their due diligence in licensing the individual.
- v. CA legislation will allow an individual to get licensed in CA if they have been licensed for at least two years somewhere else and license is in good standing. CA will not require the person to demonstrate completion of supervised practice, a passing exam score, or a social work degree to become licensed.
- vi. The rationale for two years is that the individual will have completed at least one renewal cycle. CA will trust that the other state has determined this person meets the standards and will not require grandparented individuals to take an exam. The exam is for entry to practice and these individuals are already practicing. CA determined it is arbitrary to require a long-term practitioner to take an entry level exam.
- vii. CA has seen great support for their model and not had any opposition.

5. Review Sections with Framework Goals: 1) Promotes Board Mission; 2) Mobility Impact; 3) Competency Standards vs Barriers; 4) Operational Efficiencies; 5) Data Driven Policy; 6) Workforce Issues: [All]

- a. 148E.055, subd. 6, Degrees from outside United States and Canada.
 - i. No changes recommended to this section
- b. 148E.055, subd. 7, Licensure by endorsement.
 - i. Agreement to include an endorsement section within each license type to provide more clarity.

6. Recap & Action Items

- a. Staff will redefine independent study section and present data and proposal
- b. Perhaps change the label from CE.
- c. Next meeting will include discussion of approach to mobility
- d. Next meeting will discussion of legislative strategy

7. Public Comment

- a. No members of the public were present.

8. Other Business

- a. There was no other business.

9. Adjourn

- a. Meeting adjourned at 3:30 p.m.

2019 MEETING SCHEDULE

L&R Committee meets monthly, on the fourth Thursday, from 1:00 – 4:00 pm, unless otherwise noted. Meetings are open to the public under Minnesota Statutes Chapter 13D, and held at the Board office.

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| January 31, 1pm – 4pm | May 23 | September 26 |
| February 26, 3pm – 6pm | June 27 | October 24 |
| March 28, 1pm – 4pm | July 25 | November 21 |
| April 25 | August 22 | December 26 |

COMMITTEE CHARGE UNDER BOARD BYLAWS & 2015-2018 STRATEGIC PLAN

1. Determine need to conduct review “deep dive” of Social Work Practice Act MS 148E and remaining MS 148D provisions to ensure: 1) public protection 2) relevant regulation, 3) licensure mobility, 4) create operational efficiencies where possible, 5) identify and consider potential barriers, 6) consider overall workforce issues, 7) consider possible incorporation of technology standards into Practice Act – how board regulates technology in practice
2. Reference:
 - a. ASWB/NASW technology standards
 - b. ASWB Model Law
 - c. ASWB Mobility Strategy referendum
3. Work to repeal county social worker licensing exemption, including clarification of use of social work title in county agencies